

Application for Employment

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Hospital applied to:	
Position applied for:	
How did you hear of this vacancy?	

PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss	
Address:	
E-mail address:	
Home Phone Number:	
Mobile Number:	
Do you have the right to work in the UK	Yes/No
Do you require a work permit?	Yes/No

EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results

Name(s) and Address(es) of School(s)/College(s)	Subject/Courses Studied & Level	Examination Result/ Grade

Application for Employment

EMPLOYMENT HISTORY

Please list starting with the most recent, all the organisations for which you have worked:

Name(s) and Address of Employer(s)	Position Held/ Main Duties	Salary	Starting/ Leaving Date		Reason for Leaving

Do you know or are you related to any members of staff or patients at Inmind Healthcare?	Yes / No
If yes, please give details (Name, Site and relationship to you)	

Have you worked for us before?	Yes / No
If Yes, please give details of reason for leaving:	

What is your current notice period?
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 Application for Employment

SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment.

Have you ever been convicted of a criminal offence or received a warning, caution or reprimands?	Yes / No
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If Yes, please give further information:

**REHABILITATION OF OFFENDERS ACT 1974*
 Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the above Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. The post you are applying for involves working with vulnerable adults and as such you will be required to consent to the disclosure of any criminal record you may have by the CRB. If you are offered the post, you will be required to complete an application for disclosure and will not be able to start work until the disclosure is received and approved.

Application for Employment

OCCUPATIONAL HEALTH PRE-EMPLOYMENT QUESTIONNAIRE

Basic Health History

If your answer to any of these questions is YES or if you are currently taking any medication, please provide details in the space below	Yes	No
Do you need any special aids/adaptations to assist you at work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having or waiting for treatment/investigations of any kind at present?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any health problems which may have been caused or made worse by work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Immunisations

**** Please note if successful at interview, a copy of all vaccines must be handed during the pre-employment checking stage.**

Have you had any immunisations for any of the following?	Yes	No	Date
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	
MMR (Measles, Mumps and Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella (Chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus, Diphtheria, Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal	<input type="checkbox"/>	<input type="checkbox"/>	

Application for Employment

REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

	Reference 1	Reference 2
Name of referee		
Company Name		
Company Address		
Contact Email		
Contact Number		

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed:		Dated:	
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EQUAL OPPORTUNITIES (Optional)

Applicants for jobs will not be unfairly discriminated against on the grounds of their sex, marital status, disability, colour, race, nationality or ethnic origin, sexuality or age. To ensure the effectiveness of the policy, and to assist in its development, it has been decided that all applicants will be monitored for employment and promotion.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

Male:	<input type="checkbox"/>
Female:	<input type="checkbox"/>

Ethnic Origin

Asian or Asian British	
Bangladeshi:	
Indian:	
Kashmir:	
Pakistani:	
Other: (Please specify)	

Black or Black British	
African:	
Caribbean:	
Other: (Please specify)	

Chinese or other ethnic groups	
Chinese:	
Other: (Please specify)	

Mixed	
White and Asian:	
White and Black African:	
White and Black Caribbean:	
Other: (Please specify)	

White	
British:	
Irish:	
Other: (Please specify)	